MONTANA POLLUTANT DISCHARGE ELIMINATION SYSTEM APPLICATION TO DISCHARGE FROM A SUCTION DREDGE- SHORT FORMS

This form may be filled out on-screen, then printed, signed, and submitted. Please do not submit via email or fax. Department policy requires original signatures and payment of all required fees before document review may begin.

| docun | nent re | view m | nay begir | า. | | | | | |
|-------------|--|---|-----------|-------------|----|-----------|---------------------|--|--|
| Datum ta | | Mater Protection Bureau | | | | | FOR AGENCY USE | | |
| Return to: | | Water Protection Bureau Department of Environmental Quality | | | | | Application Number: | | |
| | | PO Box 200901 Helena, MT 59620-0901 | | | | | Date received: | | |
| | | Questions? Call (406) 444-3080 | | | | | | | |
| Pleas | e print | or typ | e: | | | | | | |
| 1. and h | Name, address, and telephone number of the individual or company who will do the mining ave responsibility for any discharge(s): | | | | | | | | |
| | A. Name: | | | | | | | | |
| | B. | Mailing address: | | | | | | | |
| | | (1) | Street | address: | | | | | |
| | | (2) | City: | | | (3) Cour | nty: | | |
| | | (4) | State: | | | (5) ZIP o | code: | | |
| | | (6) | Teleph | one number: | | | | | |
| 2. | Give the exact location of the mining activity: | | | | | | | | |
| | a. Qu | ıarter | | b. Section | c. | Township | | | |
| | d. Ra | inge | | e. County | | | | | |
| 3. | Name of the stream(s) or water where the dredge will operate: | | | | | | | | |
| 4. | The discharge is expected to begin on or about Month/Day/Year | | | | | | | | |
| 5. | The water pumping capacity of your suction dredge or gravel washing equipment: | | | | | | | | |
| | Gallons per minute | | | | | | | | |

6. If using a suction dredge, what is the diameter of your suction intake:

| 7. | Describe the method of wastewater treatment which will be used: | | | | | | |
|--|---|--|---|--|--|--|--|
| | a. | Complete retention pond with no discharge | | | | | |
| | b. | Land application with no discharge | | | | | |
| | C. | Settling pond with a discharge | | | | | |
| | d. | No treatment (direct discharge) | | | | | |
| | e. | Other (describe) | | | | | |
| | | | | | | | |
| 8. | Proposed maximum amount of gravel to be washed: | | | | | | |
| | a. | Cubic yards per day | | | | | |
| | b. | Cubic yards per year | | | | | |
| 9. | Gene | eral Information: | | | | | |
| | posed mining activity: | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. | | | | | | | |
| Printe | d Nam | ne of Person Signing | Γitle | | | | |
| Signa | ture of | Applicant [| Date Application Signed | | | | |
| Subsec | ction (6) | of Section 69-4823 provides that any person who knowin | gly makes a false statement, representation, or | | | | |

Subsection (6) of Section 69-4823 provides that any person who knowingly makes a false statement, representation, or certification on this application shall upon conviction be subject to a fine of not more than \$10,000 or by imprisonment for not more than six (6) months, or both.

DEQ estimates processing time for this application to be 30 days.